

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-022724

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. **317**

Primary Registration District No. **544**

Registrar's No. **1515**

STATE FILE NUMBER

FILED MAY 27 1963

1. PLACE OF DEATH

a. COUNTY

St. Louis

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN **Kirkwood**

Length of stay in 1b
30 years

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE **Missouri**

b. COUNTY **St. Louis**

c. CITY OR TOWN **Kirkwood**

Inside Limits
Yes ☒ No ☐

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION **520 E. Adams**

Inside Limits
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)
520 E. Adams

Reside on Farm
Yes ☐ No ☒

3. NAME OF DECEASED
(Type or print)

First **MARGARET**

Middle **P.**

Last **POWELL**

4. DATE OF DEATH

Month

Day

Year

May 7, 1963

5. SEX

Female

6. COLOR OR RACE

White

7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐

8. DATE OF BIRTH **11-25-1887**

9. AGE (last birthday)
IF UNDER 1 YEAR Months Days Hours Min.
75

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Housewife

10b. KIND OF BUSINESS OR INDUSTRY
None

11. BIRTHPLACE (City and state or country)
Scotland Co., Mo.

12. CITIZEN OF WHAT COUNTRY
USA

13a. FATHER'S NAME

Samuel P. Miller

13b. MOTHER'S MAIDEN NAME

PRISCILLA Jenkins

14. NAME OF HUSBAND OR WIFE

Sylvan G. Powell

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of serv)
No

None

17. INFORMANT **Kirkwood 22 Address Missouri**
Sylvan G. Powell-520 E. Adams

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Myocardial infarction

INTERVAL BETWEEN ONSET AND DEATH

6 months

REMARKS SECTION - TERMINAL DUE TO (b)

Adenocarcinoma of colon

9 months

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

18b. DUE TO (c) no further information available beyond that stated in (a) and (b).

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female, was there a pregnancy in last 90 days.

☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT ☐

SUICIDE ☐

HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED: (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY - Hour a.m. p.m. Month, Day, Year **May 7**

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from **9/5/62** to **5/7/63** and last saw her alive on **5/7/63**

Death occurred at **11:30** p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22. SIGNATURE (Degree or title)

Charles R. Burnside M.D.

22b. ADDRESS

206 W. Argonne, Kirkwood, Mo.

22c. DATE SIGNED

5/8/63

23a. BURIAL, CREMATION, REMOVAL (Specify)
Removal

23b. DATE
5-10-1963

23c. NAME OF CEMETERY OR CREMATORY
Hillview Memorial

23d. LOCATION (City, town, or county)
Farmington, Mo.

(State)

24. FUNERAL DIRECTOR

ADDRESS

Pfritzing Mort-Kirkwood 22, Mo.

25. DATE RECD. BY LOCAL REG.

5-9-63

26. REGISTRAR'S SIGNATURE

John B. Murphy M.D.

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

DATE AMENDED

VS 300
Rev. 4/59

1 **4003**

2 **4003**

3 **2**

4 **1**

5 **1**

6

7 **0**

8 **2**

9 **152.8**

10

11

12 **90-0**

13

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

Don Hoffman

Licensed Embalmer No. 4366

P. O. Address St. Louis, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.